



**Request to Correct or Amend a Record**

I request the group health plan to amend the protected health information in its designated record set.

**Specific Statement of Amendment Request**

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**Specific Reason for Amendment Request**

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I understand that if the protected health information was not created by the group health plan, the group health plan is not required to honor my request. For example, if the information I wish to amend is in the medical report created by my physician, I must ask the physician – not the plan – to amend the report. I also understand that if the information is not available for my inspection, is not part of the plan's designated record set, or is already accurate and complete, I cannot amend the information.

I understand that the group health plan will respond to my request within 60 days.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_